

PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS
OUTCOME REPORT FORM

PIOPED Form 31
Rev 0 01/21/85
Page 1 of 2

Embedded in the variable name is the ☐
number of the outcome event, indicated
by n. There are 7 possible outcome ☐
forms per ID. ie:F31n3A1=F3113A1.

Clinic No.							
ID No.							
Form Type	O	R					

PART I: Identifying Information.

1. Patient's NAME CODE:

2. Date of outcome event:

____ - ____ - ____
Month Day Year

3. Person(s) completing this form:

A. Principal Investigator:

1. Certification Number:

_____ - _____

2. Signature:

B. Other PIOPED Investigator:

1. Certification Number:

_____ - _____

2. Signature:

4. Sources of data for this outcome
report (check all that apply):

- A. Patient ----- (1)
B. Relative ----- (1)
C. Personal Physician ----- (1)
D. PIOPED Clinical Scientist ----- (1)
E. Medical Office Record ----- (1)
F. Hospital Record ----- (1)
G. Lung Scan Report ----- (1)
H. Angiogram Report ----- (1)
I. Death Certificate ----- (1)
J. Autopsy Report ----- (1)

Record the form type in the appropriate boxes
in the upper right-hand corner of this page.
Code as:

First outcome reported for a patient --- 01
Second outcome report for a patient --- 02
Third outcome reported for a patient --- 03
etc.

PART II: Outcomes.

5. Outcomes reported for this
patient include:

Yes No
A. Death ----- (1) (2) F31n5A

B. Complications of anti-
coagulation therapy ----- (1) (2)

If NO, proceed to Item 5C.

Anticoagulation therapy
complications (check all
that apply):

1. Major bleeding ----- (1)
2. Minor bleeding ----- (1)
3. Other, specify ----- (1)

Yes No
C. Pulmonary embolus ----- (1) (2) F31n5C

D. Hospitalization ----- (1) (2) F31n5D

E. Other, specify ----- (1) (2)

Yes No
6. Was there an autopsy? ----- (1) (2)

If YES, complete an Autopsy
Form (PIOPED Form 34) as
soon as possible.

If NO, proceed to Item 8.

7. Did the autopsy find pul-
monary emboli present? ----- (1) (2)

8. Were pulmonary angiograms
collected during PIOPED
follow-up for this patient? - (1) (2)

If YES, forward the pulmonary angio-
gram and a copy of the angiography
report to the DCC as soon as pos-
sible.

If NO, proceed to Item 10.

9. Did these pulmonary angio-grams find pulmonary emboli present? _____ (1) (2)
Yes No

10. Were \dot{V}/\dot{Q} scans performed during PIOPED follow-up for this patient? _____ (1) (2)
Yes No

11. The \dot{V}/\dot{Q} scans were read locally as:

Normal _____ (1)
Low probability _____ (2)
Intermediate probability _____ (3)
High probability _____ (4)

If YES, forward the \dot{V}/\dot{Q} scans and a copy of the scan interpretation to the DCC as soon as possible.
If NO, proceed to Item 12.

12. Diagnoses:

A.	DIAGNOSES	B.	ICD-9 CODES
(Primary)	1. _____	1.	_____ . _____
(Secondary)	2. _____	2.	_____ . _____
	3. _____	3.	_____ . _____
	4. _____	4.	_____ . _____

PART III: Coordination.

Prepare a narrative summary of the outcome(s) reported on this form to accompany this form. Be sure to include in the narrative summary all information from the patient's history, physical examination, and laboratory evaluations relevant to the outcome(s) reported. For all hospitalizations be sure to attach a discharge summary. For all deaths, be sure to attach a copy of the death certificate. Copies of correspondence from treating physicians and other relevant documents should also be attached to this form.

13. Checked for completeness and accuracy:

A. Certification Number: _____

B. Signature: _____

C. Date: _____

Month - Day - Year

DCC USE ONLY

Included:

	Yes	No
1. Death Certificate _____	(1)	(2)
2. Discharge Summary _____	(1)	(2)
3. Narrative _____	(1)	(2)
4. Correspondence _____	(1)	(2)
5. Other _____	(1)	(2)

Retain a copy of this form for your files. Send the original to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:

Maryland Medical Research Institute
PIOPED Data and Coordinating Center
600 Wyndhurst Avenue
Baltimore, Maryland 21210

ID No. _____